

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO 10/018170	FILING DATE				
							APPLICANT(S)					
CLAIMS							*		*		*	
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							FILING DATE 10/018170						
CLAIMS							*						
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
101				1									
102					1								
103					1								
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TOTAL IND.													
TOTAL DEP.													
TOTAL CLAIMS													

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE			
							10/018170				
CLAIMS							*		*		
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				IND.	DEP.	IND.	DEP.
201				1				51			
202				1				52			
203				1				53			
204				1				54			
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44								94			
45								95			
46								96			
47								97			
48								98			
49								99			
50								100			
TOTAL IND.			2								
TOTAL DEP.			202								
TOTAL CLAIMS			204								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS